

Harrogate and District NHS Foundation Trust Corporate Risk Register

| CQC SAFE DOMAIN | | | | | | | | | |
|---|--|------------------------------|---|--|-----------------------|-----------------------|------------------------|----------------------|--------------------|
| <p><i>Safety is a priority for everyone. People should always be safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.</i></p> <ul style="list-style-type: none"> Learning culture - We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices. Safe systems, pathways and transitions - We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services. Safeguarding - We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately. Involving people to manage risks - We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them. Safe environments - We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care. Safe and effective staffing - We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development and work together effectively to provide safe care that meets people's individual needs. Infection prevention and control - We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly. Medicines optimisation - We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen. | | | | | | | | | |
| Lead Committee | Quality Committee | | Summary: | | | | | | |
| Executive Committee | Quality Management Group (QMG) | | <p>Aligned with the CQC SAFE Domain, the organization is addressing key safety risks to protect staff, patients, and visitors while promoting a culture of continuous improvement.</p> <ul style="list-style-type: none"> HDH Goods Yard Security (CHS2): Temporary security measures are in place to prevent unauthorized access, with permanent improvements targeted by March 2025. Fire Safety (CHS3): Fire risk assessments are complete, and infrastructure upgrades are underway to reduce the risk rating by September 2024. Violence and Aggression (CHS5): Policy updates, enhanced training, and security reviews are being implemented to safeguard staff and improve safety, including addressing limited security presence and outdated procedures. Health & Safety – Building Security (CRR102): Outdated security policies, limited security presence, and inadequate CCTV/access control systems are being addressed through updated risk assessments, infrastructure improvements, and enhanced staff training. Plans include replacing door access systems, expanding CCTV coverage, and preparing for compliance with Martyn's Law by April 2025. Containment Level 3 Microbiology Work (CRR98): The unavailability of the onsite CL3 lab has led to outsourcing, posing risks to patient safety and financial sustainability. Plans to recommission the CL3 facility by March 2025 are underway, alongside efforts to improve sample logistics and mitigate delays. <p>These actions reflect the organization's proactive approach to ensuring safe systems, environments, and staffing, in line with SAFE Domain standards.</p> | | | | | | |
| Initial Date of Assessment | 1 st July 2022 | | | | | | | | |
| Last Reviewed | September 2024 | | | | | | | | |
| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
| CRR75: CHS2 Health and Safety | An Environment that promotes wellbeing | Operational; Health & Safety | CHS2: HDH Goods yard Unauthorized access and safety hazards in the HDH Goods Yard may result in major injuries, fatalities, or permanent disability due to inadequate security measures, non-compliance with safety regulations, and improper use of the area, posing a risk to the objective of maintaining a safe and secure environment for employees, patients, and others within the hospital premises. | Minimal | 16 | 12 | 12 | 8 | March 25 |
| Key Risk Indicators | | | Current Position | Controls and Plans | | | | | |
| <p>Board level lead for Health and Safety</p> <p>Annual Audit programme for Health and Safety</p> <p>Health & Safety Committee</p> <p>Suitable and sufficient risk assessments in place</p> <p>Implementation of control measures from assessments</p> <p>Capital programme to implement permanent physical changes to the area</p> <p>Control of unauthorised access</p> | | | <p>The organisation has taken several steps to address health and safety risks within the goods yard. Risk assessments have been completed, identifying key areas of concern. In response, temporary measures have been implemented to mitigate these risks:</p> <ul style="list-style-type: none"> Access Control: A temporary Heras fenced walkway has been established to safely guide staff and visitors to the Pharmacy lift and stairwell. Staff Communication: Instructions have been communicated to all Trust staff via email and Team Talk regarding the safety protocols. High-Visibility Clothing: High-visibility clothing is required for personnel who need routine access to the yard. Contractor Guidelines: Contractors have been instructed that the yard area is strictly for delivery drop-offs and collections, and not for parking. Security Weakness: The loading bay entrance remains unsecure 24/7 due to doors that do not close properly, posing a significant security risk, particularly during the night when staff presence is limited, leaving the area open to unauthorized access. Safety Improvements: New pedestrian crossing markings were added at the entrance to the goods yard and car park in July 2023. <p>Despite these measures, the ongoing issue of the unsecured loading bay entrance remains a critical security concern that requires further attention.</p> | <p>The organization has outlined several key plans and actions aimed at improving safety and security in the goods yard:</p> <p>Physical Barriers and Controls: for the the protection of the liquid oxygen store, which will be factored into the overall improvement costs for the goods yard.</p> <p>Waste Management: A newly formed group is tasked with assessing the impact of changes to waste separation and new waste streams on site, with a report due to the Health & Safety Committee in June.</p> <p>Contractor Management: A new Contractor Management Policy is awaiting approval, with written instructions now issued to all delivery drivers and external users of the goods yard. This policy will guide future management and operations.</p> <p>Security Review: There will be a review of the current security guard provision in the goods yard to ensure it meets the evolving needs of the area.</p> <p>Construction Planning: A programme outline is being developed in collaboration with a contractor to ensure that the goods yard remains operational during upcoming construction activities.</p> <p>Timeline: The target date for completing these improvements is set for March 2025, aligning with the organization's 24/25 backlog programme.</p> | | | | | |

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These actions are designed to enhance the safety, security, and operational efficiency of the goods yard while maintaining confidentiality of specific details.

| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: CHS3: Managing the risk of injury from fire | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
|--|--|-------------------------------|--|---|----------------|----------------|-----------------|---------------|-------------|
| CRR75: CHS3 | An Environment that promotes wellbeing | Operational ; Health & Safety | Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality, or permanent disability to employees, patients and others, and the unauthorised access of persons to restricted areas of the hospital through the loading bay entrance. | Minimal | 20 | 15 | 15 | 10 | Nov 24 |
| Key Risk Indicators | | | Current Position | Controls and Plans | | | | | |
| Updated Fire Safety Policy and associated management protocols | | | The Trust has made substantial progress in addressing fire safety concerns, with several key actions and improvements: | Ongoing Fire Safety Support: The Fire Safety team continues to receive ad hoc requests for support from both the HDH site and Community sites. | | | | | |
| Completion of fire assessments | | | Fire Risk Assessments: Fire risk assessments, which were initially incomplete, have now been completed for all areas of the HDH site. The process is being carried out by Oakleaf and is monitored by the Fire Safety Group with reports to the Health & Safety Committee. However, Oakleaf has been unable to meet the required level of availability, leading to a backlog in reviewing risk assessments, particularly in areas that have recently changed usage due to Block C moves. Addressing this backlog will be a priority for the new Fire Manager. | Infrastructure Risk Work: Efforts to separate infrastructure risk items, such as fire alarms, compartmentation, fire doors, and fire dampers, are ongoing and expected to be completed by April 2024. These risks will be added to the Health & Safety Risk Register and escalated where necessary, with updates reported via the Fire Safety Group, Health & Safety Committee, and Environment Board. | | | | | |
| Appointment of competent Fire Manager and Authorising Engineer | | | Communication Improvements: Communication of fire safety information, which was previously inconsistent, is now regularly disseminated through weekly bulletins by the Fire Manager. | Fire Alarm System Costs: An analysis of the costs for a new fire alarm system is being conducted, comparing the total upfront cost of switching providers versus upgrading the existing system over multiple years. | | | | | |
| Completion of assessments | | | Fire Wardens: The use of Fire Wardens remains inconsistent, highlighting an area requiring further attention. | Basement Corridor Improvements: Priority work is being planned to improve the compartmentation and fire stopping in the basement corridor between plant rooms as part of the 2024/25 backlog maintenance budget. New drawings have been produced, and cost estimates are being sought. | | | | | |
| Implementation of fire procedures and policies | | | Fire Manager Recruitment: The position of Fire Manager has been advertised, attracting some interest. The recruitment process is complete, with pre-employment checks currently underway. | Evacuation Risk Management: Remedial actions are being taken to minimize risks associated with the closure of corridors for six weeks. Evacuation aids have been repositioned, and additional training is being provided to both clinical and non-clinical staff, with multiple sessions organized by the Fire Manager. | | | | | |
| Communication of fire procedures to all employee | | | Contractor Assessments: The assessment of contractors and construction work is to be integrated more consistently into Trust fire assessments and evacuation procedures. Construction Phase Plans for all CDM work are under review to include fire risk assessments and shared control measures. | Monthly Fire Checklist: A new Monthly Acute and Community Fire Checklist is being developed for completion by all teams, departments, and community locations. | | | | | |
| Audits and reviews of the above conditions at appropriate intervals. | | | Corridor and Exit Safety: There has been a significant improvement in keeping corridors, escape routes, and exits clear, with the HIF waste team prioritizing daily clearing. However, issues with fire doors being wedged open on wards still persist. | Evacuation Procedures and Training: Evacuation procedures are being escalated, with training provided to clinical teams, including a simulated exercise at an extended SMT workshop, which has been completed. | | | | | |
| | | | Fire Policy and Management: A new Fire Policy and Fire Management Procedures have been established. A Service Level Agreement (SLA) with Leeds Teaching Hospitals NHS Trust (LTHT) has been fully implemented, with regular site attendance to review fire risk assessments, fire strategy in relation to construction work, and provide training. | Backlog Maintenance for Fire Safety: A Backlog Maintenance paper for 2024/25 has been submitted to the Environment Board, covering key fire-related works, including basement compartmentation, fire damper remediation, main entrance remedial work, and upgrades to fire doors. The outline proposal has been agreed upon, with detailed costs and a program plan being developed. Costs have now been confirmed, and the work is being scheduled. | | | | | |
| | | | Ongoing Assessments and Reporting: The Health & Safety Team continues to report on fire safety assurances for the community estate in fortnightly CC Estates meetings. Additional information is being gathered from all community sites to assess resource needs, including risk assessments and training. | | | | | | |
| | | | Fire Safety Testing: Significant Cause and Effect testing, especially in the main theatres, has been completed. | | | | | | |
| | | | Evacuation Procedures: Ward changes and the development of updated evacuation procedures are ongoing, with the Fire Safety Manager collaborating with relevant teams. A recent lift failure in the Strayside wing has highlighted limitations in the current evacuation procedures and controls. | | | | | | |
| | | | SLA Conclusion: The SLA with LTHT has officially ended, although support for some pre-arranged work, including SMT training, the TIF2 project, and online training is on-going. | | | | | | |

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Fire Safety Group Establishment: The Fire Safety Group has been fully established, with its first meeting held on August 31, 2023. Monthly meetings are now in place, with an action being reviewed by the Fire Safety Group and escalated through the Health & Safety Committee as needed.

| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: CHS5: Violence and aggression against staff | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
|---|--|-------------------------------|---|--|----------------|----------------|-----------------|---------------|-------------|
| CRR75: CHS5 | An Environment that promotes wellbeing | Operational ; Health & Safety | Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality or permanent disability to employees due to the failure to manage the risk of staff being subjected to acts of violence and aggression whilst carrying out normal duties, due to lack of suitable control measures and appropriate training. | Minimal | 16 | 12 | 12 | 8 | Dec 24 |
| Key Targets | | | Current Position | Controls and Plans | | | | | |
| <p>Suitable and sufficient assessments of risk Trust / HIF activities.</p> <p>Supported by up to date policies that reflect the activities carried out by the Trust and the geographical differences created.</p> <p>Risk assessments, policies and control measures actively monitored and reviewed.</p> <p>Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.</p> <p>Provision of appropriate training and information to all Trust staff clinical and non-clinical.</p> | | | <p>The organization is facing several challenges related to Violence & Aggression (V&A), Security, and Lone Working:</p> <ul style="list-style-type: none"> Outdated Policies: Current policies on Violence & Aggression, Security, and Lone Working are outdated and do not reflect the Trust's current structure, services, or resources. Generic Risk Assessments: Available risk assessments are generic and lack clear identification of hazards or control measures. Limited Security Presence: Security coverage is limited, with a security guard in place only in the Emergency Department from 6 PM to 6 AM, and a single Local Security Management Specialist (LSMS) supporting the entire Community footprint. Inadequate Training: Training is limited and not provided on a risk-based approach, with low compliance in Conflict Resolution and Physical Restraint training, particularly before 2024. Inconsistent Escalation Procedures: Procedures for staff response to incidents and patient management are limited and inconsistently applied. High Incident Rates: There are daily reports of violence and aggression against staff, with 20-30 incidents recorded per month, despite the Trust's promotion of a zero-tolerance approach. Cultural Issues: There is an ingrained culture of accepting certain levels of violence and aggression. <p>Training Updates and Compliance:</p> <ul style="list-style-type: none"> Conflict Resolution Level 1 (mandatory e-learning) was introduced in January 2024, with 83.9% compliance across the Trust and 77.4% compliance in the HIF. Lone Working training compliance stands at 96.7%. Pre-2024 compliance for Conflict Resolution Breakaway Skills was 56.2%, with even lower compliance for Physical Restraint training. <p>Security Review:</p> <ul style="list-style-type: none"> A limited assurance audit on Security has highlighted significant gaps, leading to a decision to separate Security risks from the broader V&A risks. This will include areas such as security policies, physical presence, lockdown procedures, and community support. Legislation Impact: The upcoming Martyn's Law, which is pending due to the election, will likely require significant changes to the Trust's security measures. Resource Limitations: The lack of dedicated security presence, especially at the HDH site, has hindered the ability to reduce the V&A risk score, with notable incidents occurring in hospital corridors and visitor toilets. Risk Score: The risk score remains at 12, reflecting the ongoing challenges and will be reviewed at the August H&S Committee Meeting. <p>The situation is compounded by a recent increase in high-risk incidents, highlighting the insufficient resources available to support both acute and community settings</p> | <p>Task and Finish Group: A Task and Finish group, led by the Head of H&S, has been established to review and improve all existing policies and procedures, aligning them with NHSE's Public Health Approach. Monthly meetings will begin in May 2024.</p> <p>Mental Health Triage and Policy Update: Changes to mental health triage in the Emergency Department are ongoing and will be incorporated into a new policy for managing patients who may self-harm or have mental health issues. This policy is in the approval process as of April 2024.</p> <p>Ligature Assessments: Ligature risk assessments are under review due to ward and therapy area changes. Training provision for ligature risks is also being addressed after delays caused by staffing changes.</p> <p>Conflict Resolution Training: A new Conflict Resolution training program is being developed with three levels tailored to staff risk levels. The content will align with the CQC-supported Restraint Reduction Network, with ongoing discussions to ensure appropriate training needs assessments (TNA) across the Trust. A business case is being prepared to expand training provision.</p> <p>Community Security and Lone Working: Visits to all community teams and locations are underway to assess current security and lone working procedures.</p> <p>Domestic Abuse and Sexual Violence: Meetings are being held to integrate issues of domestic abuse, sexual violence, and workplace sexual safety into the Violence Prevention and Reduction Strategy. A new policy and training package for line managers is in development, with plans for a team talk session by September/October.</p> <p>Policy Reviews: New policy and procedure are under development for staff safety. The Lockdown Policy and Bomb Alert Policies are under review to ensure they are up-to-date and effective.</p> <p>New Risk Assessment Process: A Trust-wide risk assessment has been developed and is now being used to inform team and department-level assessments. This is part of an ongoing effort to implement a new risk assessment process across the Trust.</p> | | | | | |

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| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: CHS10: Physical security provisions, training and support resources | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
|---|--|-------------------------------|---|---|----------------|----------------|-----------------|---------------|-------------|
| CRR102: CHS10 | An Environment that promotes wellbeing | Operational ; Health & Safety | Organisational risk to compliance with legislative requirements, and the risk of major injuries, fatality or permanent disability to employees, patients, visitors or others due lack of suitable policies and procedures, and the subsequent lack of suitable and sufficient control measures, including physical security provision, training, resources to support implementation. | Minimal | 16 | 16 | 16 | 8 | April 25 |
| Key Targets | | | Current Position | Controls and Plans | | | | | |
| <p>Building Security Assessments completed for all premises used by Trust staff (this will not include patient homes which will be referenced in any relevant patient plan)</p> <p>Supported by up to date policies that reflect the activities carried out by the Trust and the geographical differences created.</p> <p>Risk assessments, policies and control measures actively monitored and reviewed. Reported via Security Forum</p> <p>Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.</p> <p>Security incidents investigated and remedial action taken where identified.</p> <p>Effective communications to all staff.</p> <p>Provision of appropriate training and information to all Trust staff clinical and non-clinical.</p> | | | <p>Outdated Security Policies: Policies related to Security, Lockdown, Bomb Alert, Theft, Damage of Trust assets, personal property, and CCTV are outdated and do not reflect the Trust's geographical footprint or current operations.</p> <p>Generic Risk Assessments: Existing security risk assessments are generic and do not sufficiently identify hazards or provide clear control measures, particularly for building security, individual response, and lone working.</p> <p>Limited Security Presence:</p> <ul style="list-style-type: none"> Acute Setting: Security is present only from 6 PM to 6 AM daily, with additional coverage on Monday, Friday (7 AM – 5:30 PM), and weekends (6 AM – 6 PM). Community Hospitals: No dedicated security presence, such as at Ripon Community Hospital. Community Footprint: A single Local Security Management Specialist (LSMS) covers the entire community setting, limiting response capabilities. <p>Inconsistent Training: Staff training is limited and not risk-based. Compliance with escalation procedures during violent incidents is inconsistent, and staff are underprepared to manage security threats, including Violence & Aggression.</p> <p>CCTV and Access Control Limitations:</p> <ul style="list-style-type: none"> CCTV: Current coverage at the HDH site is inadequate, with management delegated to the HIF. Access Control: The swipe card access system is outdated, unsupported, and lacks proper control over keys and lock codes. This has led to poor key management, particularly with contractors and Trust staff. <p>High Incident Rates: Recent high-risk incidents, including absconded patients and Violence & Aggression (V&A) incidents in hospital corridors and visitor toilets, underline insufficient resources and response capabilities.</p> <p>Safeguarding Gaps: There is no formal communication between the Safeguarding Team, Trust Security management, and Emergency Department management, despite warnings from local law enforcement regarding County Lines gang activity.</p> <p>Governance Gaps:</p> <ul style="list-style-type: none"> Security Leadership: Lack of clarity around executive leadership and accountability for Security within the Trust. Security Forum: The Trust Security Forum has been established and now reports to the Health & Safety (H&S) Committee. A review of membership and terms of reference is underway. | <p>Policy Updates: The Health & Safety (H&S) team, in coordination with HIF, is currently updating all relevant security policies, including Lockdown, Bomb Alert, Theft/Damage, and CCTV. These updates aim to align policies with the Trust's current structure, services, and geographical footprint.</p> <p>Risk Assessments: Comprehensive security risk assessments are being developed, with a focus on individual sites, lone working, and staff responses. Departmental risk assessments are ongoing at the local HDH level and across the community footprint.</p> <p>Security Infrastructure Improvements:</p> <ul style="list-style-type: none"> Door Access Control: A new door access system has been costed and will be replaced incrementally as part of the Trust's Backlog Maintenance work. CCTV Coverage: A review of CCTV systems is in progress, with updates planned where necessary. Security Guards: HIF is obtaining legal advice regarding the provision and licencing of Security Guards at the HDH site. This will be included in a business case for securing funding for additional security personnel. <p>Training Improvements: Training on Violence & Aggression and Security risks is under review and will be updated to ensure staff receive appropriate, risk-based training. A new Conflict Resolution program tailored to various risk levels is in development.</p> <p>Governance and Responsibility Clarification: Discussions are ongoing with HIF to clarify security roles and responsibilities. Additionally, the Trust Security Forum's review will strengthen the governance structure by refining its terms of reference and membership.</p> <p>Compliance with Martyn's Law: With the impending implementation of the Terrorism (Protection of Premises) Bill (Martyn's Law), the Trust will undergo significant work to ensure compliance, particularly in areas related to terrorism risk management.</p> <p>Improved Safeguarding Communication: Efforts are being made to establish formal communication channels between the Safeguarding Team, Trust Security management, and Emergency Department management to address security threats, such as County Lines gang activities.</p> | | | | | |

| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: Outsourcing of Hazard Group 3 Microbiology Work Due to CL3 Facility Unavailability | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
|---|--|-------------------------------|---|--|----------------|----------------|-----------------|---------------|-------------|
| CRR98 | An Environment that promotes wellbeing | Operational ; Health & Safety | The unavailability of the onsite Containment Level 3 (CL3) laboratory at HDFT, deemed unfit for purpose in November 2022, has led to the outsourcing of Hazard Group 3 microbiology work to external providers. Initially outsourced to NHS Trusts within WYAAT and, since June 2024, to a private laboratory in London, this situation poses risks to quality, safety, and financial sustainability, including potential delays in clinical diagnosis, risk of inappropriate treatment, and significant ongoing cost pressures. | Minimal | 9 | 15 | 15 | 6 | March 25 |
| Key Targets | | | Current Position | Controls and Plans | | | | | |
| <ol style="list-style-type: none"> 1. Minimise delay to patient treatment 2. Zero staff harms resulting from exposure to unexpected hazard group 3 pathogens 3. Zero lost samples 4. Cessation of outsourcing & transport cost pressure | | | <p>Since the unavailability of the CL3 lab at HDFT and the outsourcing of Hazard Group 3 microbiology work to a private laboratory in London, significant risks have emerged related to the logistics provider (DX).</p> <p>These include:</p> <ul style="list-style-type: none"> • Sample Delays: Routine delays of one day compared to in-house testing, with an additional four-day delay for Friday samples due to weekend non-delivery. • Lost Samples: In June 2024, a box of 12 samples was lost for nine days without an audit trail, raising concerns about sample integrity, data breaches, and mishandling of potentially hazardous materials. • Patient Safety: Delays in sample processing may lead to inappropriate antibiotic use, missed opportunities for treatment adjustments, and patients needing to repeat invasive procedures. • Mitigation Efforts: Attempts to source alternative NHS suppliers within the region have been unsuccessful, as many facilities are at capacity or under refurbishment, leaving limited options to reduce current risks. <p>These issues present quality, safety, and financial implications that remain unresolved while awaiting further mitigation strategies.</p> | <p>A series of plans and actions are being developed to address the risks associated with the outsourcing of Hazard Group 3 microbiology work, including delays, lost samples, and logistical challenges.</p> <p>These include:</p> <ul style="list-style-type: none"> • Recommissioning of Onsite CL3 Facility: An outline business case to recommission an onsite CL3 facility was presented to the BCRG on 2 July 2024. A full business case will proceed. This business case will detail the lab specification, costs, and implementation timescale, aiming to restore onsite testing capabilities and reduce reliance on external providers. • DX Transport Investigation: DX, the transport provider, is conducting an internal investigation to identify potential errors and establish mitigations to prevent future occurrences of lost or delayed samples. The results of the investigation are awaited, with the aim of improving sample tracking, delivery times, and overall reliability. • Sourcing Alternative NHS Suppliers: Despite ongoing efforts to find an alternative NHS supplier for Hazard Group 3 work, no viable options have been found due to capacity and facility issues at other trusts within the region. Attempts to identify a suitable alternative will continue alongside the progression of the onsite CL3 facility business case. <p>•</p> <p>These actions are critical to mitigating current risks and ensuring patient safety, sample integrity, and operational continuity.</p> | | | | | |

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| CQC CARING DOMAIN | | | | | | | | | | | |
|---|---------------------------|--|-------------------------|--|---|-----------------|---------------------------|---------------|---------------|----------------------|--------------------|
| <p><i>People are always treated with kindness, empathy, and compassion. They are supported to live as independently as possible. Their privacy and dignity are respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them.</i>Kindness, compassion and dignity - We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.</p> <ul style="list-style-type: none"> • Treating people as individuals - We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics. • Independence, choice and control - We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing. • Responding to people's immediate needs - We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress. • Workforce wellbeing and enablement - We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care. | | | | | | | | | | | |
| Lead Committee | | Quality Committee: People and Culture (Workforce Risk) | | | Summary in Month: In alignment with the CQC CARING Domain, which emphasizes treating people with kindness, empathy, and compassion while supporting staff wellbeing, the organisation has been addressing risks related to patient safety and colleague health due to low staffing levels in the North Yorkshire 0-19 Service (CRR93). CRR93 scoring was reduced in September 2024 and therefore it has been reduced from the CRR. The Trust continues its commitment to maintaining high standards of care, respecting patient choices, and supporting the wellbeing of the workforce, in line with the values of the CARING Domain. | | | | | | |
| Executive Committee | | Quality Management Group (QMG) (Clinical) Workforce Committee (Workforce) | | | | | | | | | |
| Initial Date of Assessment | | 1 st July 2022 | | | | | | | | | |
| Last Reviewed | | September 2024 | | | | | | | | | |
| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: | | | Appetite | Initial Rating | Rating | Rating | Target Rating | Target Date |
| | | | | | | | | | | | |
| Key Targets | | | Current Position | | | | Controls and Plans | | | | |
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| CQC RESPONSIVE DOMAIN | | | | | | | | | |
|---|------------------------------------|--|--|---|-----------------------|-----------------------|------------------------|----------------------|--------------------|
| <p><i>People and communities are at the centre of how care is planned and delivered at all times. Their health and care needs are understood and they are actively involved in planning care that meets these needs. Care, support, and treatment are easily accessible, including physical access. People can access care in ways that meet their circumstances and protected equality characteristics</i></p> <ul style="list-style-type: none"> • Person-centred care - We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs. • Care provision, integration, and continuity - We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity. • Providing information - We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs. • Listening to and involving people - We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result. • Equity in access - We make sure that everyone can access the care, support and treatment they need when they need it. • Equity in experiences and outcomes - We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this. • Planning for the future - We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life. | | | | | | | | | |
| Lead Committee | Resource Committee | Summary | | | | | | | |
| Executive Committee | Operational Management Group (OMG) | The organization is facing critical challenges within the CQC Responsive Domain, which emphasizes timely, person-centered care and equitable access to services. The risks include significant delays in autism assessments (CRR34), where waiting times have ballooned to a projected 43 months, preventing children from receiving timely diagnoses and necessary support. Additionally, the Trust is struggling to meet the A&E 4-hour target, with performance dropping below the national standard of 78%, leading to increased 12-hour breaches and ambulance handover delays. These delays compromise patient safety and the quality of care, highlighting the urgent need for improved capacity, streamlined processes, and strategic resource allocation to ensure that care is responsive, accessible, and equitable for all patients. | | | | | | | |
| Initial Date of Assessment | 1 st July 2022 | | | | | | | | |
| Last Reviewed | September 24 | | | | | | | | |
| | | | | | | | | | |
| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: CRR34: Autism Assessment | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
| CRR34: Autism Assessment | Great Start in Life | Clinical; Patient Safety | Risk to quality of care by not meeting NICE guidance in relation to the commencement of autism assessment within 3 months of referral. Risk that children may not get access to the right level of support without a formal diagnosis and that this could lead to deterioration in condition. There is a need to reduce the backlog of referrals back to the NICE standard of three months (reduce the waiting list to approximately 120) | Minimal | 12 | 15 | 15 | 8 | March 25 |
| Key Targets | | | Current Position | Controls and Plans to implemented | | | | | |
| Waiting list would have to be reduced to 120 and longest wait to 13 weeks. Baseline capacity would need to meet the referral rate. Numbers on the waiting list 1566 (target 120) Longest wait of CYP having commenced assessment, 82 weeks (target 13) Activity - 31 completed assessments in Aug against ICB plan of 50 (plus 2 military assessment), YTD 255 against plan of 250. | | | We have modelled the impact of the funded Waiting List Initiative (WLI) which ended on 31st Aug 24. The projected wait for assessment for a new referral added to the waiting list today is 39 months. Our commissioned capacity is now lower at 40 assessments per month which means the waiting list will grow more steeply. Non-recurrent funding challenges service management due to lead times for capacity acquisition and staff training, exacerbated by national shortages. Loss of a key clinical team member impacts medium-term assessment capacity. Support provided to the team; commissioners informed. ICB-wide autism and ADHD group supersedes previous locality-based group, aiming to standardize referral criteria. No extra funding available for capacity gaps. Stabilizing waiting lists requires increased capacity, costing £490k annually. Modeling shared at CC Resources Review and escalated to place ICB meeting for executive consideration. No agreed plan for long-term resource provision is currently agreed and in place. | The progress with PLACE based work. Mobilisation of WLI and new pathways In order to stabilise the waiting list we would need to increase the service capacity to approx. 90 assessments per month with the additional staffing costing £490k full year effect. The modelling has been shared at the CC Resources Review Meeting and has been escalated to the place ICB meeting with Execs as it was felt HDFT could no longer carry all the risk of these waits and there is currently no agreed plan to provide the resources required to address this longer term. | | | | | |
| <ul style="list-style-type: none"> ■ To meet the monthly ICB target for number of assessments ■ Meet the annual planned target for assessments | | | | | | | | | |

Harrogate and District NHS Foundation Trust Corporate Risk Register

| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: CRR61 ED 4-hour Standard | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CRR61: ED 4-hour Standard | Person centred, integrated care, strong partnership | Clinical; Patient Safety | Failure to Meet A&E 4-Hour Target Due to Inadequate Patient Flow, Leading to Increased 12-Hour Breaches and Ambulance Delays, Resulting in Compromised Patient Safety and Regulatory Non-Compliance | Minimal | 12 | 12 | 12 | 8 | March 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Targets | | | Current Position | Controls and Plans to implemented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A&E 4 hour target to be met, 6 hour breaches <102 per month and 0 x 12 hour breaches | | | <p>4 hour performance The new national target for 24-25 is 78%. Performance:</p> <table border="1"> <thead> <tr> <th>TOTAL ED PERFORMANCE INCL RIPON</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Non admitted breaches</th> <th>Admitted Breach Number</th> <th>TOTAL ED ATTENDANCE WITH RIPON</th> <th>MAX ED Attendances</th> <th>MIN ED attendance</th> <th>AVERAGE ED attendance</th> <th>Ripon MIU Attendance¹</th> </tr> </thead> <tbody> <tr><td>64.27%</td><td>2022</td><td>September</td><td>30</td><td>669</td><td>544</td><td>3395</td><td>181</td><td>123</td><td>150</td><td>544</td></tr> <tr><td>68.22%</td><td>2022</td><td>October</td><td>31</td><td>857</td><td>814</td><td>5258</td><td>169</td><td>122</td><td>144</td><td>785</td></tr> <tr><td>66.22%</td><td>2022</td><td>November</td><td>30</td><td>875</td><td>857</td><td>5128</td><td>168</td><td>112</td><td>146</td><td>748</td></tr> <tr><td>63.65%</td><td>2022</td><td>December</td><td>31</td><td>943</td><td>959</td><td>5235</td><td>187</td><td>114</td><td>145</td><td>735</td></tr> <tr><td>77.82%</td><td>2023</td><td>January</td><td>31</td><td>385</td><td>643</td><td>4635</td><td>154</td><td>93</td><td>126</td><td>742</td></tr> <tr><td>80.79%</td><td>2023</td><td>February</td><td>28</td><td>329</td><td>551</td><td>4580</td><td>181</td><td>102</td><td>138</td><td>721</td></tr> <tr><td>78.45%</td><td>2023</td><td>March</td><td>31</td><td>461</td><td>688</td><td>5337</td><td>167</td><td>109</td><td>146</td><td>810</td></tr> <tr><td>83.48%</td><td>2023</td><td>April</td><td>30</td><td>360</td><td>501</td><td>5219</td><td>169</td><td>121</td><td>147</td><td>806</td></tr> <tr><td>81.56%</td><td>2023</td><td>May</td><td>31</td><td>461</td><td>610</td><td>5815</td><td>182</td><td>134</td><td>157</td><td>952</td></tr> <tr><td>80.54%</td><td>2023</td><td>June</td><td>30</td><td>536</td><td>617</td><td>5926</td><td>188</td><td>133</td><td>165</td><td>988</td></tr> <tr><td>81.95%</td><td>2023</td><td>July</td><td>31</td><td>522</td><td>532</td><td>5838</td><td>189</td><td>129</td><td>157</td><td>979</td></tr> <tr><td>72.89%</td><td>2023</td><td>August</td><td>31</td><td>784</td><td>736</td><td>5607</td><td>177</td><td>130</td><td>152</td><td>900</td></tr> <tr><td>65.56%</td><td>2023</td><td>September</td><td>30</td><td>1157</td><td>840</td><td>5799</td><td>185</td><td>123</td><td>161</td><td>962</td></tr> <tr><td>69.87%</td><td>2023</td><td>October</td><td>31</td><td>809</td><td>890</td><td>5656</td><td>195</td><td>125</td><td>155</td><td>851</td></tr> <tr><td>68.91%</td><td>2023</td><td>November</td><td>30</td><td>854</td><td>838</td><td>5443</td><td>194</td><td>131</td><td>157</td><td>734</td></tr> <tr><td>67.10%</td><td>2023</td><td>December</td><td>31</td><td>920</td><td>931</td><td>5626</td><td>205</td><td>120</td><td>158</td><td>724</td></tr> <tr><td>71.21%</td><td>2024</td><td>January</td><td>31</td><td>767</td><td>889</td><td>5751</td><td>187</td><td>125</td><td>161</td><td>775</td></tr> <tr><td>71.97%</td><td>2024</td><td>February</td><td>29</td><td>778</td><td>713</td><td>5320</td><td>209</td><td>128</td><td>158</td><td>727</td></tr> <tr><td>78.15%</td><td>2024</td><td>March</td><td>31</td><td>576</td><td>670</td><td>5702</td><td>195</td><td>128</td><td>160</td><td>750</td></tr> <tr><td>72.51%</td><td>2024</td><td>April</td><td>30</td><td>725</td><td>815</td><td>5606</td><td>193</td><td>129</td><td>158</td><td>858</td></tr> <tr><td>73.40%</td><td>2024</td><td>May</td><td>31</td><td>864</td><td>790</td><td>6219</td><td>197</td><td>137</td><td>167</td><td>1038</td></tr> <tr><td>72.88%</td><td>2024</td><td>June</td><td>30</td><td>873</td><td>787</td><td>6121</td><td>202</td><td>143</td><td>170</td><td>1010</td></tr> <tr><td>74.25%</td><td>2024</td><td>July</td><td>31</td><td>816</td><td>772</td><td>6168</td><td>196</td><td>127</td><td>165</td><td>1058</td></tr> <tr><td>79.23%</td><td>2024</td><td>August</td><td>31</td><td>636</td><td>592</td><td>5913</td><td>181</td><td>120</td><td>156</td><td>1079</td></tr> <tr><td>75.44%</td><td>2024</td><td>September</td><td>30</td><td>831</td><td>668</td><td>6103</td><td>202</td><td>142</td><td>169</td><td>1044</td></tr> <tr><td>72.29%</td><td>2024</td><td>October</td><td>31</td><td>839</td><td>824</td><td>5987</td><td>209</td><td>133</td><td>164</td><td>915</td></tr> </tbody> </table> | TOTAL ED PERFORMANCE INCL RIPON | Year | Month | Day | Non admitted breaches | Admitted Breach Number | TOTAL ED ATTENDANCE WITH RIPON | MAX ED Attendances | MIN ED attendance | AVERAGE ED attendance | Ripon MIU Attendance ¹ | 64.27% | 2022 | September | 30 | 669 | 544 | 3395 | 181 | 123 | 150 | 544 | 68.22% | 2022 | October | 31 | 857 | 814 | 5258 | 169 | 122 | 144 | 785 | 66.22% | 2022 | November | 30 | 875 | 857 | 5128 | 168 | 112 | 146 | 748 | 63.65% | 2022 | December | 31 | 943 | 959 | 5235 | 187 | 114 | 145 | 735 | 77.82% | 2023 | January | 31 | 385 | 643 | 4635 | 154 | 93 | 126 | 742 | 80.79% | 2023 | February | 28 | 329 | 551 | 4580 | 181 | 102 | 138 | 721 | 78.45% | 2023 | March | 31 | 461 | 688 | 5337 | 167 | 109 | 146 | 810 | 83.48% | 2023 | April | 30 | 360 | 501 | 5219 | 169 | 121 | 147 | 806 | 81.56% | 2023 | May | 31 | 461 | 610 | 5815 | 182 | 134 | 157 | 952 | 80.54% | 2023 | June | 30 | 536 | 617 | 5926 | 188 | 133 | 165 | 988 | 81.95% | 2023 | July | 31 | 522 | 532 | 5838 | 189 | 129 | 157 | 979 | 72.89% | 2023 | August | 31 | 784 | 736 | 5607 | 177 | 130 | 152 | 900 | 65.56% | 2023 | September | 30 | 1157 | 840 | 5799 | 185 | 123 | 161 | 962 | 69.87% | 2023 | October | 31 | 809 | 890 | 5656 | 195 | 125 | 155 | 851 | 68.91% | 2023 | November | 30 | 854 | 838 | 5443 | 194 | 131 | 157 | 734 | 67.10% | 2023 | December | 31 | 920 | 931 | 5626 | 205 | 120 | 158 | 724 | 71.21% | 2024 | January | 31 | 767 | 889 | 5751 | 187 | 125 | 161 | 775 | 71.97% | 2024 | February | 29 | 778 | 713 | 5320 | 209 | 128 | 158 | 727 | 78.15% | 2024 | March | 31 | 576 | 670 | 5702 | 195 | 128 | 160 | 750 | 72.51% | 2024 | April | 30 | 725 | 815 | 5606 | 193 | 129 | 158 | 858 | 73.40% | 2024 | May | 31 | 864 | 790 | 6219 | 197 | 137 | 167 | 1038 | 72.88% | 2024 | June | 30 | 873 | 787 | 6121 | 202 | 143 | 170 | 1010 | 74.25% | 2024 | July | 31 | 816 | 772 | 6168 | 196 | 127 | 165 | 1058 | 79.23% | 2024 | August | 31 | 636 | 592 | 5913 | 181 | 120 | 156 | 1079 | 75.44% | 2024 | September | 30 | 831 | 668 | 6103 | 202 | 142 | 169 | 1044 | 72.29% | 2024 | October | 31 | 839 | 824 | 5987 | 209 | 133 | 164 | 915 | To support the Trust's True North objective of meeting the ED 4-hour standard, several focused actions and plans are being implemented: | | | | | |
| TOTAL ED PERFORMANCE INCL RIPON | Year | Month | Day | Non admitted breaches | Admitted Breach Number | TOTAL ED ATTENDANCE WITH RIPON | MAX ED Attendances | MIN ED attendance | AVERAGE ED attendance | Ripon MIU Attendance ¹ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64.27% | 2022 | September | 30 | 669 | 544 | 3395 | 181 | 123 | 150 | 544 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68.22% | 2022 | October | 31 | 857 | 814 | 5258 | 169 | 122 | 144 | 785 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66.22% | 2022 | November | 30 | 875 | 857 | 5128 | 168 | 112 | 146 | 748 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63.65% | 2022 | December | 31 | 943 | 959 | 5235 | 187 | 114 | 145 | 735 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77.82% | 2023 | January | 31 | 385 | 643 | 4635 | 154 | 93 | 126 | 742 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80.79% | 2023 | February | 28 | 329 | 551 | 4580 | 181 | 102 | 138 | 721 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78.45% | 2023 | March | 31 | 461 | 688 | 5337 | 167 | 109 | 146 | 810 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83.48% | 2023 | April | 30 | 360 | 501 | 5219 | 169 | 121 | 147 | 806 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81.56% | 2023 | May | 31 | 461 | 610 | 5815 | 182 | 134 | 157 | 952 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80.54% | 2023 | June | 30 | 536 | 617 | 5926 | 188 | 133 | 165 | 988 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81.95% | 2023 | July | 31 | 522 | 532 | 5838 | 189 | 129 | 157 | 979 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72.89% | 2023 | August | 31 | 784 | 736 | 5607 | 177 | 130 | 152 | 900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65.56% | 2023 | September | 30 | 1157 | 840 | 5799 | 185 | 123 | 161 | 962 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69.87% | 2023 | October | 31 | 809 | 890 | 5656 | 195 | 125 | 155 | 851 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68.91% | 2023 | November | 30 | 854 | 838 | 5443 | 194 | 131 | 157 | 734 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67.10% | 2023 | December | 31 | 920 | 931 | 5626 | 205 | 120 | 158 | 724 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71.21% | 2024 | January | 31 | 767 | 889 | 5751 | 187 | 125 | 161 | 775 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71.97% | 2024 | February | 29 | 778 | 713 | 5320 | 209 | 128 | 158 | 727 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78.15% | 2024 | March | 31 | 576 | 670 | 5702 | 195 | 128 | 160 | 750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72.51% | 2024 | April | 30 | 725 | 815 | 5606 | 193 | 129 | 158 | 858 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73.40% | 2024 | May | 31 | 864 | 790 | 6219 | 197 | 137 | 167 | 1038 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72.88% | 2024 | June | 30 | 873 | 787 | 6121 | 202 | 143 | 170 | 1010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74.25% | 2024 | July | 31 | 816 | 772 | 6168 | 196 | 127 | 165 | 1058 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 79.23% | 2024 | August | 31 | 636 | 592 | 5913 | 181 | 120 | 156 | 1079 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75.44% | 2024 | September | 30 | 831 | 668 | 6103 | 202 | 142 | 169 | 1044 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72.29% | 2024 | October | 31 | 839 | 824 | 5987 | 209 | 133 | 164 | 915 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4 hour performance The new national target for 24-25 is 78%. Whilst we delivered 78% in March, performance deteriorated in April to 72.47% and has sustained that performance level in May and June (with fluctuations of less than 1%)</p> | | | <ul style="list-style-type: none"> • Focused Impact Work: Targeted efforts are being made at the directorate, care group, and ED front line levels to improve performance against the 4-hour standard. • Internal Professional Standards: These are being relaunched, with a draft prepared following a workshop, to enhance escalation processes. • Triage Efficiency: Efforts are underway to ensure all patients receive an initial triage within 15 minutes of arrival, improving patient flow and safety. • Effective Streaming: More focused support is being provided to improve the effectiveness of patient streaming to Same Day Emergency Care (SDEC) and ED2. • Non-Headed Beds: These have been implemented with measurable success, contributing to better patient management and care outcomes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Harrogate and District NHS Foundation Trust Corporate Risk Register

| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: CRR79 Stroke Provision | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
|---|---|--------------------------|--|--|----------------|----------------|-----------------|---------------|-------------|
| CRR79: Stroke Provision | Person centred, integrated care, strong partnership | Clinical; Patient Safety | Risk to patient safety due to delayed treatment caused by lack of capacity. | Minimal | 16 | - | 16 | 4 | Dec 2024 |
| Key Targets | | | Current Position | Controls and Plans to implemented | | | | | |
| All eligible patients receiving HASU Care | | | New Risk New risk entered onto the risk register. | <p>To support the Trust's True North objective, several focused actions and plans are being implemented:</p> <p>1. Limited control and mitigations possible as ongoing negotiations with WY and NY are not yet concluded. Proposed pilot with York for inpatients and walk-ins to be referred to York remains under negotiation.</p> <p>2. Continue to monitor SSNAP data and datix's raised re direct admissions to Harrogate. Ensure datix reports submitted for all delays and non transfer is robust to understand root causes. Planned Audit with HDFT and YAS for last 12 weeks data to understand why these patients were directly admitted. This will commence 30/09/24.</p> | | | | | |
| No patients requiring HASU are directly admitted to Harrogate for Emergency Care. | | | | | | | | | |
| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: NEW Cardiology | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
| TBC: Cardiology | Person centred, integrated care, strong partnership | Clinical; Patient Safety | Cardiology: Risk to providing DGH urgent and emergency care services due to lack of 24/7 cover. | Minimal | 12 | - | 12 | 3 | Dec 2025 |
| Key Targets | | | Current Position | Controls and Plans to implemented | | | | | |
| 24/7 cardiology cover | | | New Risk New risk entered onto the risk register. <ul style="list-style-type: none"> Safety risk for acute patients on CCU – recruitment process for Cardiology Fellow Staffing - Substantive post for Consultant back out to advert with R&R premia Current medical workforce do not have the skillset for temporary pacing wires and pericardiocentesis – excellent links with LGI Long waits for outpatient angios (30% waiting over 6 weeks) – using locum to reduce was 50% over 6 weeks – also review use of Cath lab ECHO service reliant on outsourcing workload (12 months ago 70% patients waiting over 6 weeks – now 22% waiting over 6 weeks – Sanus cor delivered activity and bank) – now recruited to a vacant post (starting Jan 25) and plans to grow our own No weekend Consultant ward round or ECHO provision Increasing demand on pacemaker service due to increasing aging patient profile Not meeting GIRFT requirements with 7 day service and weekend cover/ on call - Cardiology strategy planning meeting scheduled for 7 November 24. | <p>To support the Trust's True North objective, several focused actions and plans are being implemented:</p> <p>Wider range of recruitment activity and partnership working</p> | | | | | |
| | | | | | | | | | |

Harrogate and District NHS Foundation Trust Corporate Risk Register

| USE OF RESOURCES | | | | | | | | | |
|--|--|-----------|---|--|----------------|----------------|-----------------|---------------|-------------|
| Use of resources area Key lines of enquiry (KLOEs) | | | | | | | | | |
| <ul style="list-style-type: none"> Clinical services - How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit? People- How effectively is the trust using its workforce to maximise patient benefit and provide high quality care? Clinical support services - How effectively is the trust using its clinical support services to deliver high quality, sustainable services for patients? Corporate services, procurement, estates and facilities - How effectively is the trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients? Finance - How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients? | | | | | | | | | |
| Lead Committee | Resource Committee | | Summary in Month: | | | | | | |
| Executive Committee | Operational Management Committee (OMG) | | The Trust is currently addressing significant financial challenges under the CQC Use of Resources domain, which emphasizes the effective management of resources to maximize patient benefit and ensure sustainable, high-quality care. To deliver the 2024/25 plan, which includes a £5.2 million deficit and a 6% efficiency target, the Trust must reduce its current run rate and successfully implement the Waste Reduction and Productivity (WRAP) programme, despite high-risk schemes and ongoing financial pressures. Additionally, the Trust faces potential cost pressures due to the ability of Local Authorities (LAs) to fund the impact of NHS pay awards, which could further strain resources if funding gaps remain unaddressed. The Trust is engaging in continuous discussions with LAs to secure necessary funding and mitigate these risks. To ensure these financial challenges are managed effectively, the Trust has implemented monthly meetings across directorates, contracting, and finance teams, focusing on corporate efficiency, workforce optimization, and financial stability, all of which are critical to maintaining productivity and delivering high-quality, patient-centered care. | | | | | | |
| Initial Date of Assessment | 1 st July 2022 | | | | | | | | |
| Last Reviewed | August 24 | | | | | | | | |
| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
| CRR94 Delivery of financial plan | Overarching Finance | Financial | The Trust achieved a breakeven plan in 23/24 however for the Trust to deliver the 24/25 plan, £5.2m deficit, it will require a reduction to current run rate and delivery of the waste reduction and productivity program | Cautious | 9 | 12 | 12 | 8 | March 25 |
| Key Targets | | | Current Position | Plans to Improve Control and Risks to Delivery | | | | | |
| <ol style="list-style-type: none"> Monthly financial reporting NHSE productivity analysis Agency Expenditure Cash position | | | <p>The Trust has reviewed and established the underlying pressure moving into 24/25, £20.1m. Following further scrutiny across the wider system, the system agreed to a higher efficiency % target and an allocation of further funding. This has resulted in a £5.2m deficit plan for 24/25 which includes a 6% efficiency target.</p> <p>There are a number of risks contained within this plan including</p> <ul style="list-style-type: none"> Continued ED boundary divert Inflation above the levels included in planning Recurrent delivery of the efficiency programme ERF Funding is achieved/over delivered <p>The Directorate highlighted a number of issues when signing budget plans for 24/25. A number of mitigations are being reviewed to manage these.</p> <p>As at July the Trust are £0.1m behind plan due to an improvement in Directorate run rates and recognition of income expected.</p> <p>A main driver of the position is the undelivered WRAP, £2.4m, high risk schemes remain at £12m. There was no progress made on WRAP in July.</p> <p>An area which continues to show improvement is agency spend which is now 1.3% against a 3.2% NHSE target.</p> | <ol style="list-style-type: none"> Continued discussions with ICB. Efficiency becoming a Corporate programme. Targeted Directorate training and support have been delivered to all Directorates. WRAP Champions to be developed across the Trust. | | | | | |

The current run rate is having a detrimental impact on the cash balance.
Cash support will be required throughout the year if the reduction in run rate is not delivered.
Current cash forecast highlights that this will be required in Qtr 3 (Oct-Dec).

| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
|--|---------------------|-----------|--|--|----------------|----------------|-----------------|---------------|-------------|
| CRR95 | Overarching Finance | Financial | Ability of Local Authorities to fund the impact of NHS pay award could result in a cost pressure for HDFT. The Public Health Grant for 2024/25 varies by Local Authority. While NHS national guidance suggests that the Public Health Grant has been uplifted to cover both the ICB non recurrently funded 2.9% from the 2023/24 pay award and the 2.1% proposed pay award for 2024/25 this appears not to be the case for all the Local Authorities we have contract with. Where there is a gap between LA public health grant and the cost of pay award there is a risk HDFT could be left with a financial pressure | Cautious | 12 | 12 | 12 | 4 | March 25 |
| Key Targets | | | Current Position | Plans to Improve Control and Risks to Delivery | | | | | |
| Written confirmation of funding for pay awards received from LA. | | | The Trust has communicated with all Local Authorities (LAs) regarding the need for them to fund the 2.9% pay award and the proposed 2.1% increase for 2024/25. | The Trust is actively engaging with Local Authorities (LAs) to address the funding required for the 2.9% pay award and the proposed 2.1% increase for 2024/25. | | | | | |
| Revised workforce model agreed and signed off by LA and HDFT | | | <p>Finance has provided the LAs with the associated costs, and ongoing meetings are being held to discuss funding arrangements, particularly in relation to Public Health Grant allocations and the cost of NHS pay awards.</p> <p>To ensure progress, monthly meetings have been established with the Directorate, Contracting, and Finance teams to track feedback from the LAs and determine the next steps. The situation is being closely monitored as discussions continue.</p> | <p>Finance has provided detailed cost estimates to the LAs, and ongoing meetings are being held to negotiate the funding, particularly concerning Public Health Grant allocations.</p> <p>To manage and monitor progress, the Trust has established monthly meetings with the Directorate, Contracting, and Finance teams to review feedback from LAs and determine the appropriate next steps.</p> <p>These actions are part of a coordinated effort to secure the necessary funding and ensure financial stability for the upcoming fiscal year.</p> | | | | | |

Harrogate and District NHS Foundation Trust Corporate Risk Register

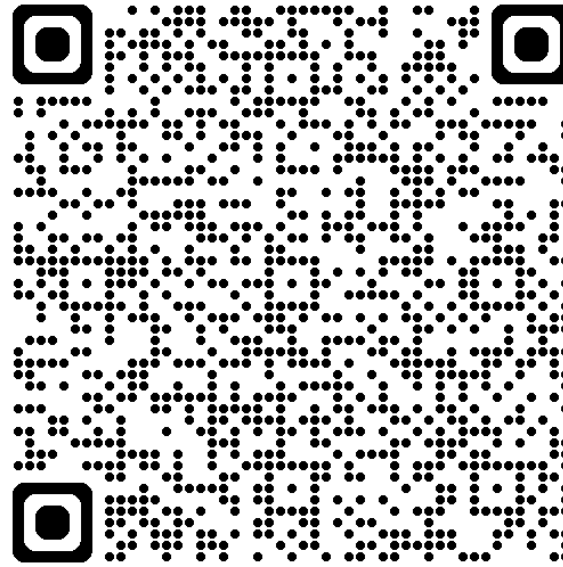
| CQC EFFECTIVE DOMAIN | | | | | | | | | |
|--|---|--|--|---|---|----------------|-----------------|---------------|-------------|
| <p>People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflect these needs and any protected equality characteristics. Everyone is supported to see what works well and not so well based on indicators of quality. Continuous improvement is always guided by this insight</p> <ul style="list-style-type: none"> • Assessing needs - We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them. • Delivering evidence-based care and treatment - We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards. • How staff, teams and services work together - We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services. • Supporting people to live healthier lives - We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support. • Monitoring and improving outcomes - We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves. • Consent to care and treatment - We tell people about their rights around consent and respect these when we deliver person-centred care and treatment. | | | | | | | | | |
| Lead Committee | | Quality Committee | | Summary in Month: | | | | | |
| Executive Committee | | Quality Management Group (QMG) | | The CQC Effective Domain is focused on optimizing patient outcomes by addressing their specific needs and continuously improving care quality. Currently, significant risks include prolonged waiting times, which jeopardize patient safety and Trust performance against NHS targets. An additional £1.5 million investment has been secured to extend the Community Dental Services (CDS) contract, with strategic initiatives underway to manage waiting times and enhance service delivery. Despite challenges in funding alignment, IT system replacement, and recruitment, efforts are progressing, including regional discussions on potential funding increases and service adjustments post-election. | | | | | |
| Initial Date of Assessment | | 1 st July 2022 | | | | | | | |
| Last Reviewed | | August 24 | | | | | | | |
| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: | Appetite | Initial Rating | October Rating | November Rating | Target Rating | Target Date |
| CRR87 Community Dental | Provide person centred, integrated services through strong partnerships | Clinical; Patient Safety | Risk to patient safety due to correlation of long waiting times and increased risk of pain and infection, which may affect quality of life and treatment required. Secondary risk to Trust performance standards by failing to meet NHS annual planning target of no RTT waiters beyond 78weeks currently, 65 weeks by end March 2024 and 52wks by end March 2025. | Minimal | 12 | 12 | 12 | 6 | August 25 |
| Key Targets | | Current Position | | | Controls and Plans to implemented | | | | |
| <p>Numbers on the patients waiting to start treatment over 52weeks, 65weeks and 78weeks</p> <p>Current position for RTT waiters –3 patients between 52-64 weeks. Current position for Non RTT waiters – 125 patients over 78 weeks, 199 patients between 65-77 weeks, 366 patients between 52-64 weeks.</p> <p>No of overdue continuing care patients. Current position – 2169 patients overdue. Longest waiter - 4 years overdue.</p> | | <p>The ICB has agreed to invest an additional £1.5 million into the CDS service at HDFT, extending the contract by 18 months until March 31, 2025.</p> <p>Regional discussions suggest a potential agreement on a 7+3 contract and amended service specification, with a possible increase in the funding envelope, though formal confirmation is pending post-general election.</p> <p>The current funding does not fully align with the submitted business case, so the operational team and service manager have developed a plan to optimize the use of this investment, focusing on managing waiting times for both RTT and non-RTT patients. Key actions for July include recruiting a new clinical lead, continuing IT procurement, and addressing low staff engagement, which has been identified as a significant risk to service delivery.</p> <p>The CDS team is also being encouraged to participate in the HDFT Impact work as part of phase 4 to further support service improvements.</p> | | | <p>The key plans and actions for the CDS service include ongoing liaison with the ICB and the implementation of a Waiting List Initiative (WLI) to address patient backlogs, with additional GA and clinic sessions planned for the financial year.</p> <p>The replacement of the SOEL Health dental IT system is underway, although the procurement process has faced delays, and a direct award is being sought to meet the April 2024 deadline.</p> <p>Capital kit replacement, including dental chairs and X-ray equipment, is progressing, with 2023/24 equipment being installed and approvals pending for 2024/25 purchases.</p> <p>Recruitment efforts are ongoing, with successful appointments for dentists and dental nurses from the business case, though challenges remain in filling positions in the East and for paediatric specialists. Recruitment for key leavers is also ongoing, with many new staff expected to start in September 2024.</p> | | | | |

Harrogate and District NHS Foundation Trust Corporate Risk Register

| CQC WELL-LED DOMAIN | | | | | | | | | | |
|---|--------------------|-----------------------------------|-------------------------|---|----------------|--------|---|---------------|-------------|--|
| <p><i>There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities. There are effective governance and management systems in place. Leaders proactively support staff and collaborate with partners to deliver care. This care is safe, integrated, person-centred and sustainable care and helps reduce inequalities.</i></p> <ul style="list-style-type: none"> • Shared direction and culture: We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these. • Capable, compassionate and inclusive leaders: We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty. • Freedom to speak up: We foster a positive culture where people feel that they can speak up and that their voice will be heard. • Governance, management and sustainability: We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate. • Partnerships and communities :We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement. • Learning, improvement and innovation: We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research. • Environmental sustainability – sustainable development: We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same. • Workforce equality, diversity and inclusion: We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.” | | | | | | | | | | |
| Lead Committee | | Trust Board | | Summary in Month: This area of the Corporate Risk Register is linked to the Well-Led Domain. Currently there is no Corporate Risk within this Domain. | | | | | | |
| Executive Committee | | Senior Management Committee (SMT) | | | | | | | | |
| Initial Date of Assessment | | 1 st July 2022 | | | | | | | | |
| Last Reviewed | | September 24 | | | | | | | | |
| Corporate Risk ID | Strategic Ambition | Type | Principle Risk: | Appetite | Initial Rating | Rating | Rating | Target Rating | Target Date | |
| | | | | | | | | | | |
| Key Targets | | | Current Position | | | | Plans to Improve Control and Risks to Delivery | | | |
| | | | | | | | | | | |


HDFT Trust IBR – static view for October 2024

Live view:



[INTEGRATED BOARD REPORT - Power BI](#)

Integrated Board Report – True North Metrics – In Breach

| Name | Status | Progress | Trend |
|--|-------------------------------|------------------------------|---|
| Moderate Harm & Above - True North Metric - Best Quality and Safest Care | TRUE NORTH METRIC -not mee... | 70.00/68.80 |  |
| Emergency Department 4 hour performance - True North Metric - Best Quality Safest Care | TRUE NORTH METRIC -not mee... | 72.290/78.000 + 4.17% MoM |  |






Integrated Board Report – True North Metrics – Within Tolerance

| Name | Status | Progress | Trend |
|---|----------------------------------|-----------------------------------|-------|
| <ul style="list-style-type: none"> 62 day waits- Cancer Treatment RESPONSIVE - True North Metric - Best Quality and Safest Care | TRUE NORTH METRIC_IMPROVI... | 46/40 + 0 monthly | |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> 62 day waits- Cancer Treatment percentage starting treatment by 62 days RESPONSIVE - True North Metric - Best Quality and Safest Care | TRUE NORTH Submetric - on tra... | 86.46%/90.00% + 4.14% MoM | |
| <ul style="list-style-type: none"> Staff Availability - True North Metric - Person Centred, Integrated Care; Strong Partnerships | TRUE NORTH METRIC_IMPROVI... | 96.3% + 0.41% MoM | |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> Staff leaving within first 12 months- Links to TRUE NORTH METRIC Staff Availability | TRUE NORTH Submetric - not m... | 18.39% + 7.71% MoM | |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> Sickness Rate - Links to TRUE NORTH METRIC Staff Availability | TRUE NORTH Submetric - on tra... | 3.61% + 13.70% MoM | |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> Staff Turnover - Links to TRUE NORTH METRIC Staff Availability | TRUE NORTH Submetric - on tra... | 11.59% + 0.63% MoM | |
| <ul style="list-style-type: none"> RTT - percentage of patients on an RTT pathway under 18 weeks - True North Metric- Best Quality and Safest Care | TRUE NORTH METRIC_IMPROVI... | 64.79%/90.00% + -0.26% monthly | |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> Long Waiters over 65 weeks on RTT | TRUE NORTH Submetric - on tra... | 0/0 + 0% MoM | |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> RTT Pathways over 18 weeks <7000 by end of 24/25 | TRUE NORTH Submetric - on tra... | 7K/7K + 2.49% MoM | |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> RTT pathways over 52 weeks 0 by end of 24/25 | TRUE NORTH Submetric - on tra... | 276/0 + 8% MoM | |

Integrated Board Report – Breakthrough Objectives – In Breach

| Name | Status | Progress | Trend |
|---|------------------------------------|--|---|
| Time to Inpatient Bed - Breakthrough Objective - Best Quality Safest Care | BO Breach of Threshold Action r... | 371.67 / 120.00 <small>* 88.82% MoM</small> |  |
| Time to Inpatient Bed - Medicine | BO submetric -not achieving | 386.16 / 120.00 <small>* 114.13% MoM</small> |  |
| Time to Inpatient Bed - Paediatrics | BO submetric -not achieving | 137.89 / 120.00 <small>* 26.36% MoM</small> |  |
| Time to Inpatient Bed - Surgery | BO submetric -not achieving | 405.70 / 120.00 <small>* 90.95% MoM</small> |  |

Integrated Board Report – Breakthrough Objectives – Within Tolerance

| Name | Status | Progress | Trend |
|---|------------------------|--|---|
| Vacancy Rate - Breakthrough Objective - Person Centred, Integrated Care; Strong Partnerships | BO Stable or Improving | 3.27% <small>+ 0.68% MoM</small> |  |
| Pressure Ulcers - Moderate & Above - Breakthrough Objective - Best Quality Safest Care | BO Stable or Improving | 20/33 <small>+ 5.26% MoM</small> |  |
| Community Pressure Ulcers | BO submetric achieving | 9/13 <small>+ 12.50% MoM</small> |  |
| Hospital Pressure Ulcers | BO submetric achieving | 11/20 <small>+ 0% MoM</small> |  |
| Improved ED Waiting Times - Number of patients waiting longer than 90 mins for clinical assessment by a clinical decision maker - Breakthrough Obj - Best Quality and Safest Care | BO Stable or Improving | 386 <small>+ -43 monthly</small> |  |

Integrated Board Report – Watch Metrics – In Breach

| Name | Status | Progress | Trend |
|---|-----------------------------------|--------------------------------|-------|
| 1.7.2 Incidents - Never events SAFE - Best quality Safest Care | WATCH -SPC Breach - refer to b... | 1 0% MoM | |
| 3.4 Returns to theatre EFFECTIVE - Best Quality Safest Care | WATCH -SPC Breach - refer to b... | 9 0% MoM | |
| 4.1 Appraisal rate - Non Medical and Medical Staff WORKFORCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -SPC Breach - refer to b... | 81 % 0% MoM | |
| 5.6 A&E 4 hour standard RESPONSIVE -Best Quality Safest Care | WATCH -SPC Breach - refer to b... | 72.1 % 4.07% MoM | |
| 5.7 Ambulance handovers - % within 15 mins RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships | WATCH -SPC Breach - refer to b... | 39.1 % 23.36% MoM | |
| 6.2 Surplus/ Defecit and variance to plan EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -SPC Breach - refer to b... | -£ 1.14M 126.67% MoM | |
| 6.6 Occupied bed days per 1,000 population EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -SPC Breach - refer to b... | 64.0 14.48% MoM | |
| 7.1 GP Referrals against 2019/20 baseline ACTIVITY - Person Centred, Integrated Care; Strong Partnerships | WATCH -SPC Breach - refer to b... | 122% 7.02% MoM | |
| 7.2 Outpatient activity (consultant led) against plan (new and follow up) ACTIVITY - Person Centred, Integrated Care; Strong Partnerships | WATCH -SPC Breach - refer to b... | 97% 5.83% MoM | |
| 7.3 Elective activity against plan - Person Centred, Integrated Care; Strong Partnerships | WATCH -SPC Breach - refer to b... | 87.0 % 0.0 % MoM | |

Integrated Board Report – Watch Metrics – Within Tolerance (1)

| Name | Status | Progress | Trend |
|--|---------------------------------|---------------------------------|-------|
| 1.1 Pressure ulcers - hospital acquired - cat 3 or above - per 1,000 bed days - SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 0.38 + 41.54% monthly | |
| 1.11 Infant health - % women smoking at time of delivery SAFE - Great Start in Life | WATCH -Within tolerance- NO ... | 3.87% + 16.13% MoM | |
| 1.12 Infant health - % women initiating breastfeeding SAFE - Great Start in Life | WATCH -Within tolerance- NO ... | 94% + 2.17% MoM | |
| 1.13 VTE risk assessment - inpatients SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 96.0 % + 0% monthly | |
| 1.14 Sepsis screening - inpatient wards SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 95.32% + 1.42% MoM | |
| 1.15 Sepsis screening - Emergency department SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 93.27% + 1.02% MoM | |
| 1.2 Pressure ulcers - community acquired - cat 3 or above - per 1,000 patient contacts SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 1.55 + 7.19% monthly | |
| 1.3 Inpatient falls per 1,000 bed days SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 4.13 + 14.08% monthly | |
| 1.4 Infection control - Hospital acquired C.difficile cases, lapse in care identified SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 2 + 33.33% MoM | |
| 1.5 Infection control - Hospital acquired MRSA cases, lapse in care identified SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 0 + 0% MoM | |

Integrated Board Report – Watch Metrics – Within Tolerance (2)

| Name | Status | Progress | Trend |
|--|---------------------------------|----------------------------------|-------|
| 1.6 Incidents - ratio of low harm incidents SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 84.69 + 43.16% monthly | |
| 1.7.1 Incidents - comprehensive serious incidents (SI) SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 0 + 100% MoM | |
| 1.8.1 Safer staffing levels - fill rate SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 102.6% + 0.1% monthly | |
| 1.8.2 Safer staffing levels - CHPPD SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 8.30 + -0.51 monthly | |
| 1.9 Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d SAFE - Best quality Safest Care | WATCH -Within tolerance- NO ... | 97.2% + 0.96% MoM | |
| 2.1.1 Friends & Family Test (FFT) - All Patients CARING - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 93% + 0% MoM | |
| 2.1.2 Friends & Family Test (FFT) - Adult Community Services CARING - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 95% + 0% MoM | |
| 2.2.1 Complaints - numbers received CARING - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 21 + 75% MoM | |
| 2.2.2 Complaints - % responded to within time CARING - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 100.00% + 33.33% MoM | |
| 3.2 Mortality - SHMI EFFECTIVE - Best Quality Safest Care | WATCH -Within tolerance- NO ... | 1.05 + 3.96% MoM | |

Integrated Board Report – Watch Metrics – Within Tolerance (3)

| Name | Status | Progress | Trend |
|--|---------------------------------|-----------------------|-------|
| 3.3.1 Readmissions to the same specialty within 30 days - following elective admission - as % of all elective admissions EFFECTIVE - Best Quality Safest Care | WATCH -Within tolerance- NO ... | 3.5% - 6.06% MoM | |
| 3.3.2 Readmissions to the same specialty within 30 days - following non-elective admission - as % of all non-elective admissions EFFECTIVE- Best Quality Safest Care | WATCH -Within tolerance- NO ... | 7.4% - 14.94% MoM | |
| 3.5 Delayed Transfer of Care - % inpatients not meeting the criteria to reside EFFECTIVE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 22% - 4.76% MoM | |
| 4.2 Mandatory and Essential Skills Training rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 91 % - 0% MoM | |
| 4.3 Staff sickness rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 5.4 % - 14.89% MoM | |
| 4.4 Staff turnover rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 11.3 % - 2.59% MoM | |
| 4.5 Vacancies WORKFORCE -Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 3.4 % - 9.68% MoM | |
| 5.1.1 RTT Incomplete pathways performance - median weeks wait RESPONSIVE- Best Quality Safest Care | WATCH -Within tolerance- NO ... | 11 - 0% MoM | |
| 5.1.2 RTT Incomplete pathways performance - 92nd centile RESPONSIVE - Best Quality Safest Care | WATCH -Within tolerance- NO ... | 36 - 0% WoW | |
| 5.1.3 RTT Incomplete pathways - total RESPONSIVE - Best Quality Safest Care | WATCH -Within tolerance- NO ... | 23.19K - 0.20% MoM | |











Integrated Board Report – Watch Metrics – Within Tolerance (4)

| Name | Status | Progress | Trend |
|--|---------------------------------|------------------------------|-------|
| 5.1.4 RTT Incomplete pathways - 52-<104 weeks RESPONSIVE - Best Quality Safest Care | WATCH -Within tolerance- NO ... | 326 - 9.44% MoM | |
| 5.10 Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals RESPONSIVE - Best Quality and Safest Care | WATCH -Within tolerance- NO ... | 72.2 % - 4.80% MoM | |
| 5.11 Cancer - 28 days faster diagnosis standard (suspected cancer referrals) RESPONSIVE - Best Quality and Safest Care | WATCH -Within tolerance- NO ... | 79.6 % + 1.73% MoM | |
| 5.12 Cancer - Combined 31 day wait (First and Subsequent Treatments) | WATCH -Within tolerance- NO ... | 100.0 % + 1% MoM | |
| 5.13.1 Children's Services - 0-12 months caseload RESPONSIVE - Great Start in Life | WATCH -Within tolerance- NO ... | 2.06K + 6.02% MoM | |
| 5.13.2 Children's Services - 2-3 years caseload RESPONSIVE - Great Start in Life | WATCH -Within tolerance- NO ... | 2.04K + 2.42% MoM | |
| 5.14 Children's Services - Safeguarding caseload RESPONSIVE - Great Start in Life | WATCH -Within tolerance- NO ... | 2K + 24.81% MoM | |
| 5.15 Children's Services - Ante-natal visits RESPONSIVE - Great Start in Life | WATCH -Within tolerance- NO ... | 93.6% + 0.59% MoM | |
| 5.16 Children's Services - 10-14 day new birth visit RESPONSIVE - Great Start in Life | WATCH -Within tolerance- NO ... | 93.1% + 3.10% MoM | |
| 5.17 Children's Services - 6-8 week visit RESPONSIVE - Great Start in Life | WATCH -Within tolerance- NO ... | 95.8% + 1.27% MoM | |





Integrated Board Report – Watch Metrics – Within Tolerance (5)

| Name | Status | Progress | Trend |
|---|---------------------------------|-----------------------|-------|
| 5.18 Children's Services - 12 month review RESPONSIVE - Great Start in Life | WATCH -Within tolerance- NO ... | 98.2% + 0.41% MoM | |
| 5.19 Children's Services - 2.5 year review RESPONSIVE - Great Start in Life | WATCH -Within tolerance- NO ... | 96% + 0.10% MoM | |
| 5.2.1 RTT waiting times - by ethnicity(gap between BME & White (positive is shorter wait for BME) RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 4.91 + 6.21% MoM | |
| 5.2.2 RTT waiting times - by level of deprivation- differential median wait in weeks (negative gap reflects high deprivation waiting a shorter time) RESPONSIVE- Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | -5 + 20% MoM | |
| 5.2.3 RTT waiting times - learning disabilities differential in median weeks wait (gap between those with LD flag and those without- negative indicates a shorter wait for those with LD flag in place) RESPONSIVE- | WATCH -Within tolerance- NO ... | -4 + 25% MoM | |
| 5.23 Community Care Adult Teams - performance against new timeliness standards RESPONSIVE- Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 72% + 2.86% MoM | |
| 5.27 Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation RESPONSIVE- Best Quality Safest Care | WATCH -Within tolerance- NO ... | 29.8 % + 8.59% MoM | |
| 5.28 Home visit: Face to face consultations started for URGENT cases within 2 hrs RESPONSIVE Best Quality Safest Care | WATCH -Within tolerance- NO ... | 92.8 % + 3.92% MoM | |
| 5.3 Diagnostic waiting times - 6-week standard RESPONSIVE - Best Quality Safest Care | WATCH -Within tolerance- NO ... | 72.6 % + 1% MoM | |
| 5.5 Data quality on ethnic group - inpatients RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 91.1% + 0.02% MoM | |

Integrated Board Report – Watch Metrics – Within Tolerance (6)

| Name | Status | Progress | Trend |
|--|---------------------------------|--------------------------|---|
| 5.8 A&E - number of 12 hour trolley waits RESPONSIVE Best Quality Safest Care | WATCH -Within tolerance- NO ... | 52 + 1.53K% MoM |  |
| 5.9.2 Cancer - 62 days maximum wait from referral to treatment for all cancers RESPONSIVE - Best Quality and Safest Care | WATCH -Within tolerance- NO ... | 83.5 % - 0.26% MoM |  |
| 6.1 Agency spend EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | £307.00K + 42.13% MoM |  |
| 6.10 Day case conversion rate EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 1.1% - 26.67% MoM |  |
| 6.3 Capital spend EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | £8.00M + 22.72% MoM |  |
| 6.4 Cash balance EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | £13.03M + 124.46% MoM |  |
| 6.5.1 Long stay patients - stranded (>7 days LOS) EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 143 + 8.33% MoM |  |
| 6.5.2 Long stay patients - superstranded (>21 days LOS) EFFICIENCY & FINANCE- Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 61 + 7.02% MoM |  |
| 6.7.1 Length of stay - elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 2.1 + 10.47% MoM |  |
| 6.7.2 Length of stay - non-elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 5.5 + 4.15% MoM |  |

Integrated Board Report – Watch Metrics – Within Tolerance (7)

| Name | Status | Progress | Trend |
|--|---------------------------------|-----------------------|---|
| 6.8 Avoidable admissions EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 222 + 0% MoM |  |
| 6.9 Theatre utilisation (elective sessions- capped) EFFICIENCY& FINANCE - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 79.9 % + 1.72% MoM |  |
| 7.4 Non-elective activity against plan ACTIVITY - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 97.0 % + 1.04% MoM |  |
| 7.5 Emergency Department attendances against plan - Person Centred, Integrated Care; Strong Partnerships | WATCH -Within tolerance- NO ... | 96.0 % + 2.04% MoM |  |